

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

BLACK REPUBLICAN PAC

ADDRESS (number and street)

2776 S ARLINGTON MILL DR

NUM 806

☐ Check if different than previously reported. (ACC)

ARLINGTON

VA

22206

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00437053

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☒ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer SCOTT B MACKENZIE

Signature of Treasurer

SCOTT B MACKENZIE

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

BLACK REPUBLICAN PAC

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 01 / 01 / 2015

To:

 M M / D D / Y Y Y Y Y
 06 / 30 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2015		3202.03
(b) Cash on Hand at Beginning of Reporting Period.....	3202.03	
(c) Total Receipts (from Line 19)	5090.83	5090.83
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	8292.86	8292.86
7. Total Disbursements (from Line 31)	6761.99	6761.99
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1530.87	1530.87
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	127843.01	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

BLACK REPUBLICAN PAC

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	01	/	2015

To:

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

0.00

0.00

(ii) Unitemized

5090.83

5090.83

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

5090.83

5090.83

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

5090.83

5090.83

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

5090.83

5090.83

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

5090.83

5090.83

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	6761.99	6761.99
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	6761.99	6761.99
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	6761.99	6761.99
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6761.99	6761.99

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	5090.83	5090.83
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5090.83	5090.83
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	6761.99	6761.99
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	6761.99	6761.99

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 22

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BLACK REPUBLICAN PAC

Full Name (Last, First, Middle Initial)

A. CLIENT FIRST CONSULTING GROUP LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2015

Mailing Address 385 AVERY LN

City	State	Zip Code
MEDINA	OH	44256

Transaction ID : SB21B.4146Purpose of Disbursement
PAC TELEMARTETING SERVICES

003

Amount of Each Disbursement this Period

Candidate Name

BLACK REPUBLICAN PACCategory/
Type

800.00

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. CLIENT FIRST CONSULTING GROUP LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2015

Mailing Address 385 AVERY LN

City	State	Zip Code
MEDINA	OH	44256

Transaction ID : SB21B.4147Purpose of Disbursement
PAC TELEMARTETING SERVICES

003

Amount of Each Disbursement this Period

Candidate Name

BLACK REPUBLICAN PACCategory/
Type

170.00

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. EDWARD J COUSAR

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	29	/	2015

Mailing Address 206 OLD FRIENDSHIP RD

City	State	Zip Code
CATAWBA	SC	29704

Transaction ID : SB21B.4126Purpose of Disbursement
CONSULTING - MANAGEMENT

001

Amount of Each Disbursement this Period

Candidate Name

BLACK REPUBLICAN PACCategory/
Type

1000.00

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1970.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

BLACK REPUBLICAN PAC

A. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

Transaction ID : SB21B.4137

00:

Amount of Each Disbursement this Period

Category/
Type

64.95

State: District:

B. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

04 / 01 / 2015

Transaction ID : SB21B.4172

00

Amount of Each Disbursement this Period

Category/
Type

11.76

State: District:

C. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

Transaction ID : SB21B.4175

00-

Amount of Each Disbursement this Period

Category/
Type

25.00

State: District:

101.71

FEC Schedule B (Form 3X) Rev. 02/2003

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

BLACK REPUBLICAN PAC

A. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

Transaction ID : SB21B.4178

00:

Amount of Each Disbursement this Period

Category/
Type

88.95

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS RD

Date of Disbursement

MM / DD / YYYY

City	State	Zip Code
FAIRFAX	VA	22030

Transaction ID : SB21B.4173

Purpose of Disbursement
SERVICE CHARGE

00

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

11.01

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS RD

Date of Disbursement

City	State	Zip Code
FAIRFAX	VA	22030

Transaction ID : SB21B.4176

Purpose of Disbursement	CUSTOM CREDIT BILLING
-------------------------	-----------------------

00-

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

25.00

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

SUBTOTAL of Disbursements This Page (optional).....

124.96

TOTAL This Period (last page this line number only).....

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

BLACK REPUBLICAN PAC

A. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

Transaction ID : SB21B.4179

00:

Amount of Each Disbursement this Period

Category/
Type

64.95

State: District:

B. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.4174

00

Amount of Each Disbursement this Period

Category/
Type

10.82

State: District:

C. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement



Transaction ID : SB21B.4177

00-

Amount of Each Disbursement this Period

Category/
Type

25.00

State: District:

100.77

FEC Schedule B (Form 3X) Rev. 02/2003

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BLACK REPUBLICAN PAC

Full Name (Last, First, Middle Initial)

A. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2015

Mailing Address 11325 RANDOM HILLS RD

City	State	Zip Code
FAIRFAX	VA	22030

Transaction ID : SB21B.4180Purpose of Disbursement
MERCHANT BANKCARD BILLING

001

Amount of Each Disbursement this Period

Candidate Name

BLACK REPUBLICAN PACCategory/
Type

64.95

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

64.95

6468.41

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 22

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BLACK REPUBLICAN PAC

Full Name (Last, First, Middle Initial)

A. JACKSON FOR VIRGINIAMailing Address 2776 S ARLINGTON MILL DR
NUM 806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement
1Q 2015 DISCLOSURE REPORT FILED BY SCOTT B MACKENZIE

Candidate Name

EARL W JACKSON SROffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: VA District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		01		2015

Transaction ID : SB23.4162

Amount of Each Disbursement this Period

250.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. JACKSON FOR VIRGINIAMailing Address 2776 S ARLINGTON MILL DR
NUM 806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement
2Q 2015 DISCLOSURE REPORT FILED BY SCOTT B MACKENZIE

Candidate Name

EARL W JACKSON SROffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: VA District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2015

Transaction ID : SB23.4163

Amount of Each Disbursement this Period

250.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. MARION THORPE FOR SENATE

Mailing Address PO BOX 546017

City BAL HARBOUR State FL Zip Code 33154

Purpose of Disbursement
1Q 2015 DISCLOSURE REPORT FILED BY SCOTT B MACKENZIE

Candidate Name

EARL W JACKSON SROffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: VA District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		01		2015

Transaction ID : SB23.4164

Amount of Each Disbursement this Period

250.00

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

--

: 97 'A -G79 @ @5 B9CI G'H9LH'F9 @5 H98 'HC'5 'F9DCFHŽG7 <98I @ @ 'CF' +H9A -N5 H-CB
.

Form/Schedule: **SB23**

Transaction ID : **SB23.4162**

1st QUARTER 2015 FEC REPORT PREPARED BY SCOTT B. MACKENZIE AND THE AMOUNT OF \$250 IS DUE
AND PAYABLE TO MACKENZIE & COMPANY.

Form/Schedule: **SB23**

Transaction ID: **SB23.4163**

2nd QUARTER 2015 FEC REPORT PREPARED BY SCOTT B. MACKENZIE AND THE AMOUNT OF \$250 IS DUE
AND PAYABLE TO MACKENZIE & COMPANY.

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB
.

Form/Schedule: SB23

Transaction ID : SB23.4164

1st QUARTER 2015 FEC REPORT PREPARED BY SCOTT B. MACKENZIE AND THE AMOUNT OF \$250 IS DUE
AND PAYABLE TO MACKENZIE & COMPANY.

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BLACK REPUBLICAN PAC

Full Name (Last, First, Middle Initial)

A. MARION THORPE FOR SENATE

Mailing Address PO BOX 546017

City	State	Zip Code
BAL HARBOUR	FL	33154

Purpose of Disbursement
2Q 2015 DISCLOSURE REPORT FILED BY SCOTT B MACKENZIE

Candidate Name

DR MARION D THORPE MD

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : SB23.4165

Amount of Each Disbursement this Period

250.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. STAND AMERICA PAC

Mailing Address 2776 S ARLINGTON MILL DRIVE #806

City	State	Zip Code
ARLINGTON	VA	22206

Purpose of Disbursement
YE 2014 DISCLOSURE REPORT FILED BY SCOTT B MACKENZIE

Candidate Name

EARL W JACKSON SR

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: VA District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	02	/	2015

Transaction ID : SB23.4166

Amount of Each Disbursement this Period

250.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

0.00

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB
.

Form/Schedule: **SB23**

Transaction ID : **SB23.4165**

2nd QUARTER 2015 FEC REPORT PREPARED BY SCOTT B. MACKENZIE AND THE AMOUNT OF \$250 IS DUE
AND PAYABLE TO MACKENZIE & COMPANY.

Form/Schedule: **SB23**

Transaction ID: **SB23.4166**

YEAR-END 2014 FEC REPORT PREPARED BY SCOTT B. MACKENZIE AND THE AMOUNT OF \$250 IS DUE AND
PAYABLE TO MACKENZIE & COMPANY.

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 19 OF 22

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4117

BLACK REPUBLICAN PAC**LOAN SOURCE** Full Name (Last, First, Middle Initial)

SCOTT B MACKENZIE

Election:

☐ Primary☐ General☐ Other (specify) ▼Mailing Address 2776 S ARLINGTON MILL DR
NUM 806

City ARLINGTON

State VA

ZIP Code 22206

Original Amount of Loan

350.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

350.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
10 / 09 / 2012

Date Due

M M / D D / Y Y Y Y
UPON DEMAND

Interest Rate

18.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

350.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 20 OF 22

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4118

BLACK REPUBLICAN PAC**LOAN SOURCE** Full Name (Last, First, Middle Initial)
SCOTT B MACKENZIE

Election:

☐ Primary☐ General☐ Other (specify) ▼Mailing Address 2776 S ARLINGTON MILL DR
NUM 806

City ARLINGTON

State VA

ZIP Code 22206

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

40.03

0.00

40.03

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M M / D D D / Y Y Y Y Y Y
04 / 04 / 2013

M M M / D D D / Y Y Y Y Y Y

UPON DEMAND

18.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

40.03

TOTALS This Period (last page in this line only)..... ►

390.03

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 21 OF 22

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

BLACK REPUBLICAN PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

CENTURY DATA SYSTEMS CORPNature of Debt (Purpose):
DATA PROCESSINGMailing Address 1155 - 15TH STREET NW
SUITE 410City State Zip Code
WASHINGTON DC 20005

Outstanding Balance Beginning This Period

29417.32

Transaction ID : SD10.4120

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

29417.32

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

CONSOLIDATED MAILING SERVICESNature of Debt (Purpose):
DIRECT MAIL - PRINTING & MAILSHOP

Mailing Address 504 SHAW RD

City State Zip Code
STERLING VA 20166

Outstanding Balance Beginning This Period

35642.31

Transaction ID : SD10.4121

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

35642.31

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ELECTRONIC REPORTING SYSTEMS INCNature of Debt (Purpose):
ELECTRONIC DISCLOSURE REPORTING

Mailing Address 679 BERRYVILLE AVE

City State Zip Code
WINCHESTER VA 22601

Outstanding Balance Beginning This Period

3476.20

Transaction ID : SD10.4122

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3476.20

1) **SUBTOTALS** This Period This Page (optional)..... ►

68535.83

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 22 OF 22

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

BLACK REPUBLICAN PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

FORTH RIGHT STRATEGY (FORMERLY BASE CONNECT INC)

Nature of Debt (Purpose):

DIRECT MAIL - CREATIVEMailing Address 1155 - 15TH STREET NW
SUITE 410City State Zip Code
WASHINGTON DC 20005

Outstanding Balance Beginning This Period

46158.38

Transaction ID : SD10.4119

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

46158.38

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

LEGACY LIST MARKETING INC

Nature of Debt (Purpose):

DIRECT MAIL - LIST RENTALSMailing Address 1155 - 15TH STREET NW
SUITE 410City State Zip Code
WASHINGTON DC 20005

Outstanding Balance Beginning This Period

6258.77

Transaction ID : SD10.4124

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6258.77

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MACKENZIE & COMPANY

Nature of Debt (Purpose):

CONSULTING - COMPLIANCEMailing Address 2776 S ARLINGTON MILL DR
NUM 806City State Zip Code
ARLINGTON VA 22206

Outstanding Balance Beginning This Period

4000.00

Transaction ID : SD10.4125

Amount Incurred This Period

2500.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6500.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

58917.15

2) **TOTALS** This Period (last page this line number only)..... ►

127452.98

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

390.03

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

127843.01